



Flu Shot Verification
Dependents without medical coverage

This form is to be completed if a dependent of a full time employee is not currently enrolled in the medical plan and would like to receive a Flu Shot at no cost.

The Williamson County Employee is to complete this form in full. The eligible dependent will bring this completed form to any of the scheduled flu clinics and receive a free flu shot.

Please Print:

Name of Employee _____

Social Security # of Employee _____ Work Location _____

Name of Dependent _____

☐ Spouse

☐ Child age 18 or older

Employee Signature:

By signing below, I warrant that information given by me is accurate and true regarding the above named dependents eligibility to receive a free flu shot from Williamson County.

Signature of Employee: _____